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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/661,641
Filing Date	September 15, 2003
First Named Inventor	Burke T. Barrett
Title	Treatment of Neuropsychiatric Disorders by Near-Diaphragmatic Nerve Stimulation
Art Unit	3762
Examiner Name	Scott M. Getzow
Attorney Docket No.	1000.026CON

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 41332

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 41332

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

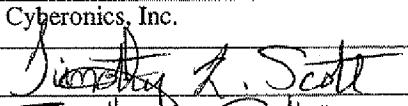
Applicant/inventor.

Under 37 CFR 3.73(b) Assignee certifies that it is:

Assignee of record of the entire interest. See 37 CFR 3.71.

Assignment Recorded 10/23/2001 at Reel/Frame 012341/0228.

SIGNATURE of Applicant or Assignee of Record

Company	Cyberonics, Inc.			
Signature				
Name:	Timothy L. Scott			
Date	09/07/06	Telephone:	281-727-2652	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.